Express Mail Label No. (if applicable)	

Request for Continued Examination (RCE) Transmittal

Address to:
Mail Stop RCE
Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Application No.	10/720,582
Confirmation No.	5049
Filing Date	November 24, 2003
First Named Inventor	Kutsovsky et al.
Group Art Unit	1793
Examiner Name	Paula Wartalowicz
Attorney Docket No.	02019CON
LVM Reference No.	225308

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

1.			ssion require			114					
	a.										
	 i. Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on February 4, 20 (Any unentered amendment(s) referred to above will be entered.) 						2008				
		::								_1	
		ii.		r tne arg	juments in tr	ne Appear	Briet or K	eply Brief prev	lously file	ed on	
	iii.										
	b.		Enclosed	mt/D a s	_ 1			□ Farma DT(2 4 4 4 0		
		İ.	Amenda Affidevit				iv.			listad in Fau	DTO 4440
		ii.	Amaaviii	(S)/Decia	aration(s)		V.			ces listed in For s and applications)	
	iii.										
2.											
	a.		•							37 CFR 1.103(c) for a period
								onths; fee under 3	7 CFR 1.17	(i) required.)	
b. 🔲 Applicant claims small entity status. See 37 CFR 1.27											
	C.		Other:								
3.	Fe	es -	The RCE fee	under 3	7 CFR 1.17(e) is requir	ed by 37	CFR 1.114 wh	nen the R	CE is filed.	
	a.							otal amount in			
		(A c						rpose, unless su		ia EFS-Web.)	
İ		i.	□ RCE fee	of \$810).00 (large er	ntity) requir	ed under	37 CFR 1.17(e)		\$810.00
		ii.									
		iii.	☐ An exter					ired and the fe			
					ed from the t	otal fee du	e for the t	total amount o	f extension	n now	
			requeste	ed.							
		ίV.						eriod noted abo			
								nder the prese			
								the appropriat	e petition	fee.	
į		٧.		sion of a	ction fee of \$	\$130.00 (37	7 CFR 1.1	17(i))			\$ 0.00
		vi.	Other:								
		vii.	Claim fe	<u>e</u>							
			CLAIMS		HIGHEST	_			_		
			REMAINING		NUMBER	EXTRA		ADD'L		ADD'L	
CLA	E	ing.	AFTER AMENDMENT		PREVIOUSLY PAID FOR	CLAIMS PRESENT	DATE	CLAIM FEE	DATE	CLAIM	
TOT		EE	30	Minus	30	= 0	RATE x 25 =		RATE x 50 =	FEE	
		UDENI		MINUS	30	= 0	x 25 =	\$0.00 \$0.00		\$0.00 \$0.00	
IIND											
						#4 070 00					
Total amount to be charged to Deposit Account						\$1,270.00					
b. The Commissioner is hereby authorized to charge any deficiencies in the above fees or to											
credit any overpayments to Deposit Account No. 12-1216. (A duplicate copy of this											

In re Application of Kutsovsky et al. Application No. 10/720,582

REQUEST FOR CONTINUED EXAMINATION TRANSMITTAL (continued)

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED						
Name (Print/Type)	John Kilyk, Jr.	Registration No. (Attorney/Agent)	30,763			
Signature	John Kellah.	Date	May 5, 2008			
Address	Yeydig, Voit & Mayer, Ltd. Two Prudential Plaza, Suite 4900 180 North Stetson Avenue Chicago, Illinois 60601-6731	Phone	(312) 616-5600 (telephone) (312) 616-5700 (facsimile)			